

Registration for Classification as Refugee

Type or print the following information. (Read instructions on reverse)

A File No.: _____

1. Name: _____ (First) _____ (Middle) _____ (Last)

2. Present address: _____

3. Date of birth: (Month/Day/Year)	Place of birth (City or Town)	(Province)	(Country)	Present nationality:

4. Country from which I fled or was displaced:	On or about (Month/Day/Year):

5. Reasons (State in detail):

6. My present immigration status in _____ is: _____
(country in which residing)

Evidence of my immigration status is:

(Describe)

7. Name of spouse:	8. Present address of spouse (if different):	9. Nationality of spouse:

10. My spouse ☐ will ☐ will not accompany me to the United States.

11. Name of child (ren)	Date of birth	Place of birth	Present address (if different)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Place a mark (x) in front of name of each child who will accompany you to the United States.

12. Schooling or education

Name and location of school	Type	Dates attended	Title of degree or diploma

13. Military service

Country	Branch and organization	Dates	Serial No.	Rank attained

14. Political, professional or social organizations of which I am now or have been a member or with which I am now or have been affiliated since my 16th birthday (If you have never been a member of any organization, state "None.")

15. I ☐ have ☐ have not been charged with a violation of law. (If you have ever been charged with a violation of law, give date, place and nature of each charge and the final result.)

16. I ☐ have ☐ have not been in the United States. (If you have ever been in the United States, show the dates of entry and departure and the purpose of your entry (visitor, permanent resident, student, seaman, etc.).

File or Alien Registration Number:

17. I have the following close relatives in the United States:

Name	Relationship	Present address

18. I am being sponsored by (Name and address of United States sponsor):

Date:

Signature of registrant:

DO NOT WRITE BELOW THIS LINE

I, _____, do swear (affirm) that I know the contents of this registration subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered () to () were made by me or at my request, and that this registration was signed by me with my full, true name:

(Complete and true signature of registrant)

Subscribed and sworn to before me by the above-named registrant at _____ on _____
(Month/Day/Year)

(Signature and title of officer)

INTERVIEW

DATE

AT

Immigration Officer

APPROVED

DATE

Officer in Charge

INSTRUCTIONS

This form should be executed, signed and submitted to the Officer in Charge of the nearest overseas office of the United States Immigration and Naturalization Service. When your name has been reached as a registrant you will be furnished additional instructions.

Registration - A separate Registration Form must be executed by each registrant and submitted in one copy. A Registration Form in behalf of a child under 14 years of age shall be executed by the parent of guardian.

Public reporting burden - A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 35 minutes per response. If you have comments regarding the accuracy of this estimate or suggestions for simplifying this form, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W.; Room 4307r, Washington, DC 20536; OMB No. 1115-0057. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**